**Revalidation submission**

**Gold accredited services - Neonatal services**

Services accredited as Gold Baby Services accredited as Gold Baby Friendly must demonstrate in an ongoing way that they continue to maintain the core Baby Friendly standards and to further enhance the service. This process will involve periodic revalidation with a brief annual submission in the intervening years. The initial revalidation will take place **two** and **four** years after accreditation and then **every three years** subsequently. This revalidation process will include an update from the leadership team including a review of progress with any recommendations made last year, annual audit results, the most recent infant feeding data and confirmation of continuing adherence to the International Code of Marketing of Breastmilk Substitutes (the Code). In addition, ongoing revalidations from 4 years will review progress since the service initially received the Gold award.

Information will be provided in part through the completion of this submission form and via interviews with or a presentation from the leadership team. Please use this form to tell us the story of your progress with Achieving Sustainability standards within the **last year**. This will include relevant documents from your portfolio, for example minutes of meetings, evaluation and feedback summaries, reports on innovations and projects.

**2 year**

* send in a submission form plus additional relevant evidence, two weeks before the revalidation date.
* Baby Friendly Lead, Head of Service and Guardian to be available on the planned day for interview online.
* Change of circumstance report/s if indicated.

**4, 7 and 10 year**

* send in submission form plus additional relevant evidence, two weeks before the revalidation date.
* Develop presentation (example slides provided) about progress since the Gold award or previous revalidation.
* Presentation to be delivered by Baby Friendly Lead, Head of Service and Guardian.
* Change of circumstance report/s if indicated.
* Staff culture audit.

Revalidations will take place online.

|  |  |
| --- | --- |
| **Service name:** |  |
| **Contact name, email & telephone:** |  |
| **Date of Gold accreditation:** |  |
| **Date of this revalidation submission:** |  |
| **Number of staff in the service** |  |

**Table of contents:**

|  |
| --- |
| **Individual reports:**   * **Baby Friendly Lead** * **Head of Service** * **Guardian** |
| **Summary of changes related to each of the Achieving Sustainability standards** |
| **Review of progress made in relation to previous recommendations** |
| **Annual audit results** |
| **Breastfeeding and other data** |
| **Confirmation of adherence to the International Code of Marketing of Breastmilk Substitutes** |
| **Table of supporting documents** |

**Reports**

|  |  |
| --- | --- |
| **Baby Friendly Lead report**  *Please tell us about progress made in the last year. This should include challenges faced, successes and any learning from these. You may also wish to comment on any threats to the programme together with opportunities identified and taken.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

|  |  |
| --- | --- |
| **Head of Service report**  *Please tell us about progress made in the last year. This should include challenges faced, successes and any learning from these. You may also wish to comment on any threats to the programme together with opportunities identified and taken.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

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| --- | --- |
| **Guardian report**  *Please tell us about progress made in the last year. This should include challenges faced, successes and any learning from these. You may also wish to comment on any threats to the programme together with opportunities identified and taken.* | |
| **Name:** |  |
| **Leadership** | |
| **Culture** | |
| **Monitoring** | |
| **Progression** | |

**The standards**

*Please consider how each standard has been met over the last year. Please include any relevant documents with this submission. Significant changes should be documented on a* [*change of circumstance report*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)

|  |
| --- |
| **Theme 1 – Leadership** |

|  |  |
| --- | --- |
| The role, responsibilities and capacity of the team remain largely unchanged. | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |

|  |
| --- |
| **Theme 2 - Culture** |

|  |  |
| --- | --- |
| The processes in place to enhance the culture within the organisation remain largely unchanged | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or, for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |
| **7 year and onwards**  How are women’s/parents voices and staff voices (and possibly those of the wider community) used to enhance service provision.  *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 3 - Monitoring** |

|  |  |
| --- | --- |
| Monitoring and reporting processes remain largely unchanged | Yes/No  If yes, proceed to next section.  If no, please describe minor changes in the box below or for significant changes, complete and submit a change of circumstance form. |
| Summary of changes |  |
| **7 year and onwards**   * How is data used to advance service provision * What local KPI’s/outcomes are set to meet local need * How does the data compare with national statistics * Overall, how has the data changed, do you see a culture shift towards breastfeeding? If not, what do you think are the barriers to this?   *Share examples as part of documents submission or via presentation.* |  |

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| **Theme 4 – Progression** |

*Please refer to your original Gold application form and/or the previous revalidation submission and tell us about any changes that have occurred in the last year related to this standard. This may include changes or cessation to any of the previously described projects/innovations. Significant changes should be documented on a* [*change of circumstance report*](https://www.unicef.org.uk/babyfriendly/accreditation/achieving-sustainability/revalidation-and-annual-report/)*.*

|  |  |
| --- | --- |
| List changes/improvements previously reported which **have had a positive outcome** |  |
| List changes/improvements previously reported **which have been changed/not progressed** |  |
| List **new** changes/improvements and complete an improvement template |  |
| Summary of changes |  |
| Collaborative working with other local agencies remains largely unchanged | Yes/No  If no, please describe changes |
| **7 year and onwards**  Evidence of sharing expertise (e.g. buddying with another service, peer support, peer review, sharing of case studies, sharing via NIFN) and influencing wider policy and agendas |  |
| **7 year and onwards**  Evidence of co-production |  |
| **7 year and onwards**  Evidence of enhanced consideration to diversity including feedback from parents about how they experience the service |  |

**Actions taken in response to previous recommendations**

*Please tell us about any actions taken in relation to recommendations in the Gold Assessment report.*

|  |
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**Latest audit results**

*Please note that your audit should have been carried out on a random sample of staff (or all staff), not just on those who have completed the training, and a random sample of mothers.*

*Check the guidance document for re-assessment for recommended sample sizes. The question numbers relate to the question numbers in the relevant audit tool.*

|  |  |
| --- | --- |
| **Number of staff included in audit:** |  |
| **Number of breastfeeding mothers included in audit:** |  |
| **Number of formula feeding mothers included in audit:** |  |

|  |
| --- |
| **Standard 1 – Support parents to have a close and loving relationship**  **with their baby** |

|  |  |
| --- | --- |
| **Staff understand…** | **% giving correct/adequate response** |
| 1a. The importance of developing a close and loving relationship |  |
| 1b. Why this is particularly important on the neonatal unit |  |
| 1c. How to support this process |  |
| 1d. Why skin contact/kangaroo care is important for preterm/sick babies |  |
| 1e. How to support parents who are bottle feeding to bottle feed responsively |  |
| **All mothers were….** | **% giving correct/adequate response** |
| 1a. supported to get to know her baby in the early days |  |
| 1b. had the importance of this explained to her |  |
| 1c. had skin to skin contact with her baby as early and as often as possible |  |
| 1d. supported to give EBM by bottle (mothers providing EBM for their baby) |  |
| **Bottle feeding mothers were….** |  |
| 1d. given information on how to feed her baby responsively |  |
| 1e. shown to make up her baby’s feeds |  |

|  |
| --- |
| **Standard 2 Enable babies to receive breastmilk and to breastfeed**  **when possible** |

|  |  |
| --- | --- |
| **Standard 2. Staff can describe/demonstrate….** | **% giving correct/adequate response** |
| 2a. Why breastmilk is particularly important for preterm babies |  |
| 2b. How to help a mother initiate lactation |  |
| 2c. How to help a mother maintain her milk supply |  |
| 2d. How to support a mother to make the transition to breastfeeding her baby |  |
| 2e. The key principles of positioning and attachment |  |
| 2f. How babies attach to the breast |  |
| 2g. The signs of effective attachment |  |
| 2h. Why effective attachment is important |  |
| 2i. Why hand expressing is useful |  |
| 2j. How to support a mother with hand expressing |  |
| 2k. How to support a mother to make the transition to responsive/modified responsive feeding |  |
| 2l. The signs that a baby is receiving enough breastmilk |  |
| 2m. Why it is important to avoid allowing advertising of formula milks in the health care system |  |
| **Mothers confirmed that they….** | **% giving correct/adequate response** |
| 2a. had the importance of breastmilk explained |  |
| 2b. were supported to start expressing as soon as possible |  |
| 2c. were shown how to express by hand and pump |  |
| 2d. know how to ensure a good milk supply |  |
| 2e. had support to keep expressing |  |
| 2f. had support with breastfeeding |  |
| 2g. were prepared for going home with the baby |  |

|  |
| --- |
| **Standard 3 Value parents as partners in care.** |

|  |  |
| --- | --- |
| **Standard 3. Staff understand…** | **% giving correct/adequate response** |
| 3a. Why it is important to recognise parents as parents in care |  |
| 3b. How to create a culture where parents are recognised as the primary caregivers |  |
| 3c. How to create an environment which enables parents to be the primary caregivers |  |
| 3d. How to communicate with parents sensitively and effectively |  |
| **All mothers confirmed that ….** | **% giving correct/adequate response** |
| 3a. felt fully involved in their baby’s care |  |
| 3b. were able to be with their baby whenever they wanted |  |
| 3c. were made to feel at home on the unit |  |

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| --- |
| **General** |

|  |  |  |
| --- | --- | --- |
| **Mothers…** | | **% giving correct/adequate response** |
| 4a. Had a conversation about safer sleep | |  |
| 4b. Received written information or were referred to appropriate websites | |  |
| 4c. Mother happy with care overall | very happy |  |
| fairly happy |  |
| unhappy |  |
| 4d. Staff were kind and considerate | always |  |
| mostly |  |
| sometimes |  |
| not at all |  |

**Action planning**

*Please describe the actions you are taking in response to any issues with the audit findings:*

|  |
| --- |
|  |

Please tell us about any major change in the service which have resulted in significant gaps in care provision, or any other external assessment which has highlighted significant problems for example poor CQC report, an external review of the service, service in special measures etc.

|  |
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**Breastfeeding statistics**

Please provide your latest data in the table below – in percentages only and covering an entire year of collection where possible. More information about the data fields can be found here: [unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/data-for-neonatal-units/](https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/neonatal-guide-to-the-standards/data-for-neonatal-units/)

|  |  |  |  |
| --- | --- | --- | --- |
| **Breastfeeding data** | | **Percentage** | **Percentage of missing data** |
| Mothers expressing breastmilk during the first 24 hours following their admission to the neonatal unit | |  |  |
| Babies receiving human milk in the first 24 hours after admission to the neonatal unit | |  |  |
| Babies receiving human milk when they leave the unit | |  |  |
| Mothers expressing when their baby leaves the unit | |  |  |
| Mothers breastfeeding their baby when they leave the unit | |  |  |
| Period of collection |  | | |

**Supplementary information**

|  |  |  |
| --- | --- | --- |
| Percentage of staff trained and/or updated | Neonatal nurses |  |
| Nursery nurses |  |
| Health care assistants |  |
| Paediatric medical staff |  |
| Managers |  |
| Other |  |

**Additional data**

*Please tell us about any additional data that the service collects and how this has changed over the last year.*

|  |
| --- |
|  |

**Summary**

*Please summarise the impact of being a Gold Baby Friendly service, how has this increased impact, enabled resilience, protected services and breastfeeding through challenges.*

|  |
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|  |

***Complete this section at your three yearly revalidation only***

***(i.e at year 4, then subsequent three yearly)***

**Breastfeeding trends**

*Please tell us about the data over time, starting at the time of your Gold assessment:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Age/stage collected** | **Year (Gold)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** | **Year**  **(revalidation)** |
|  |  |  |  |  |
| Mothers expressing breastmilk during the first 24 hours following their admission to the neonatal unit |  |  |  |  |  |
| Babies receiving human milk in the first 24 hours after admission to the neonatal unit |  |  |  |  |  |
| Babies receiving human milk when they leave the unit |  |  |  |  |  |
| Mothers expressing when their baby leaves the unit |  |  |  |  |  |
| Mothers breastfeeding their baby when they leave the unit |  |  |  |  |  |

🖉 **Signature page 1 – Gold revalidation – Head of Service**

|  |
| --- |
| **Declaration by Head of Service** |
| **Standard 4 – Ensure that there is no promotion of breastmilk substitutes, bottles, teats or dummies in any part of the facility or by any of the staff** |

The Head of Service is asked to confirm adherence to the International Code of Marketing of Breastmilk Substitutesand sign the declaration below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of facility:** |  | | |
| **I confirm that we will fully implement the International Code of Breastmilk Substitutes (and subsequent relevant WHA resolutions)** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Signed:** |  | **Date:** |  |

*Please complete the grid below to confirm that all infant feeding supplies are paid for in full (i.e. without subsidy or discount from the manufacturer or distributor):*

|  |  |
| --- | --- |
| **Item**  *If any products listed are not used in the facility, please enter N/A* | **Tick to confirm that**  **full price is paid (**ü) |
| First Infant formulas e.g SMA, Cow and Gate, Aptamil etc |  |
| Preterm / low birth weight formula e.g SMA gold prem, Nutriprem 1 and 2 |  |
| Specialist formulas e.g infitrini, monogen, afamino, nutrmigen, neocate |  |
| Breastmilk fortifier e.g Nutriprem human milk fortifier, SMA gold prem breast milk fortifier, Neokare mothers milk fortifier, Prolacta humavant |  |
| Sterilised water (in bottles supplied by formula companies) |  |
| Teats |  |
| *Please specify which brand/s of infant formula are provided:* | |
|  | |
| *Please submit a recent purchase order or invoice as evidence of payment.* | |

🖉 **Signature page 2 – Gold revalidation**

**Confirming that the content of this form and the supplementary documentation submitted is a true reflection of the service provided.**

|  |
| --- |
| **Declaration by Baby Friendly lead** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of facility:** |  | | | |
| **Review date:** |  | | | |
| **I confirm that the information submitted is a true reflection of the work undertaken within the service over the past 12 month period.** | | | | |
| **Signed** | |  | **Date:** |  |

|  |
| --- |
| **Declaration by Head of Service** |

|  |  |  |  |
| --- | --- | --- | --- |
| **I confirm that the information submitted is a true reflection of the work undertaken within the service over the past 12 month period.** | | | |
| **Signed** |  | **Date:** |  |

**Table of supporting documents**

Please consider the documents you wish to send. Only send those that help tell the story as the assessor has limited time to review. List all documents you are submitting as part of this application. You should list the filename of the document below, and give each document a reference number e.g. L1, L2 etc. Only documents listed on this page will be reviewed by your assessor. Documents can be embedded in this table or attached as file attachments when you submit the form.

|  |  |
| --- | --- |
| **No.** | **Document titles** |
|  | **Leadership** |
| L1 |  |
| L2 |  |
| L3 |  |
|  |  |
|  |  |
|  | **Culture** |
| C1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Monitoring** |
| 1M1M M1 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | **Progression** |
| P1 |  |
|  |  |
|  |  |
|  |  |
|  | **Change of circumstance (if relevant)** |
|  |  |

Thank you for completing this information. Please ensure this revalidation form and supporting documentation is sent 2 weeks before your revalidation.